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Bib Data Sheet

CONFIRMATION NO. 7447

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/055,504 | <b>FILING OR 371(c)<br/>DATE</b><br>10/25/2001<br><b>RULE</b> | <b>CLASS</b><br>623 | <b>GROUP ART UNIT</b><br>3738 | <b>ATTORNEY<br/>DOCKET NO.</b><br>INTRIN.001CP3 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Greg H. Lambrecht, Natick, MA;  
 Robert Kevin Moore, Natick, MA;  
 Jacob Einhorn, Brookline, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/696,636 10/25/2000 PAT 6,508,839 which is a CIP of 09/642,450  
 08/18/2000 PAT 6,482,235  
 which is a CIP of 09/608,797 06/30/2000 PAT 6,425,919  
 and claims benefit of 60/149,490 08/18/1999  
 and claims benefit of 60/161,085 10/25/1999  
 and claims benefit of 60/172,996 12/21/1999  
 and claims benefit of 60/311,586 08/10/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 04/11/2002

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MA | SHEETS<br>DRAWING<br>77 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>   |                           |                         |                       |                            |

**ADDRESS**

20995

**TITLE**

Devices and method for nucleus pulposus augmentation and retention

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1007 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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